

Chris Swope Lansing City Clerk

Fireworks Display License Application

(City Codified Ordinances - Chapter 1615.01 - 1615.06) http://mi-lansing.civicplus.com/171/Business-Licenses

Aı	pplicant C	Checklist:	
(Ens	ure All Item	s Completed)	
Payment:		Bond and/or Insurance:	
Copies of ID's:		Treasury Form Completed:	
Application Completed:			
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ANNUAL NON-RE	FUNDABL	E LICENSE FEE: \$150.00	

Additional Requirements:

- Proof of a bond, an insurance policy naming the City as co-insured, or a combination of both, available for the payment of any damages arising out of an act or omission of the licensee or his agents, employees, or subcontractors, covering the following: (a) At least \$500,000.00 for property damage; and (b) at least \$500,000.00 for injury to one person and \$1,000,000.00 for injury to two or more persons resulting from the same occurrence.
- Copies of State issued identification for each person who will operate the display.
- If the applicant is a nonresident person, written appointment of a resident agent to serve as legal representative upon whom all process in an action or proceeding against the person may be served

Business Name		Busine	ess Phone Number	
Business Address	City		State, Zip	
Business Owner		Owner	Phone Number	
Owner Address	City		State, Zip	
Owner Email Address	Ow	ner DOB (MI	 M/DD/YY)	

Lansing City Clerk's Office Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695 517-483-4131 • 517-377-0068 FAX

www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov

Same as above:					
Applicant Name			Applica	ant Phone Number	
Applicant Address	City			State, Zip	
Applicant Email Address	t Email Address Applic		plicant DOB (MM/DD/YY)		
Bonded By (Bond to be filed with City)					
Bond Expiration Date		Bond A	mount		
	AND	D/OR	\downarrow		
Insured By (Policy to be filed with city)					
Expiration Date		Insured	I Amoun	t .	
Date of Display	Time of	f Display			
Exact Location of Display					
Type and Quantity of Fireworks to be used in Disp				able)	
Manner and location of the storage of the firework	ks prior t	to the dis	splay		

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List All Persons Who Will Operate the Display:

Name		Age	Description of Relevant Experience
any citation of	or conviction	for, or guil	in ownership interest in the applicant, or any person who will operate the display had ty plea to, a violation of the laws of the United States, any State or any local unit of or possession of fireworks?
☐ Yes	□ No		s, disclose details:
I certify that	neither the	Applicant	nor any person with ownership interest is in default to the City of Lansing.
By my sign	atura lew	ear (or af	firm) that all information provided in this application is true.
by my sign	ataro, i sw	cai (oi ai	mm, that an information provided in this application is true.
APPLICAN	T'S SIGNI	ΔTI IPE	
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OFFICIAL USE ONLY

		Approvals:	
Police Department	Date	City Treasurer	 Date
Fire Marshal	Date	City Attorney	 Date
			OFFICIAL USE
			OFFICIAL USE

Amount paid: _____

Date paid: _____

License #:_____

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CITY TREASURER * INCOME TAX DIVISION (517) 483-4121 (517) 483-4114

1ST Floor – City Hall 124 West Michigan Avenue Lansing MI 48933

VIRG BERNERO, MAYOR

Applicant/Employee Information

LANSING TREASURY INFORMATION REQUEST Complete a separate form for each individual subject to verification

Name: _____ Home Address: Since Daytime Phone Number: _____ Social Security #: _____ Driver's License #: ____ Date of Birth: Employer/Business Information Corporate Name: _____ Doing Business As: Address: Business Phone #: Federal Employer Identification #: _____ Do you, or any of these businesses, owe the City money for any reason? Yes ____ No____ If Yes, for what reason? _____ Name of any other Lansing area business in which your ownership participation exceeds

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Signature

Date